Rate Floor Data

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Block	1 - Contact Infor	nation		The second of the second	$H_{i_1}^{i_1}$, $H_{i_2}^{i_3}$	
ROW#	DATA ELEMENT		FORMAT OF REQUESTED DATA		RESPONSE	
1	Carrier Study Area Code			6 numeric digits	310671	
2	Carrier Study Area Name			alpha characters	CenturyTel MW-	МІ
3	Service Provider Identification Number			9 numeric digits	143001690	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Cotumn 4 Mandatory Extended Area Service Charge	Column 5 Loops	Line Counts
9	\$ 14.44	NA	\$ -	NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification o	f Officer as to the Accuracy of the Data Reported	for the Rate Floor Data				
	eporting carrier; my responsibilities include ensuring the acowledge, the information reported on this form is accurate					
Name of Reporting Carrier: CenturyTel of I	Midwest - Michigan, Inc. d/b/a CenturyLink					
Signature of authorized officer: Date 6/20/14						
Printed name of authorized officer: David D. C	cole	,				
	Vice President of Operations Support and Controller					
Telephone number of authorized officer: (318		T				
Study Area Code of Reporting Carrier	Filing Due Date for this form 310671 (mm/dd/yyyy)	7/1/2014				